

***** REMINDER: Once time has been confirmed by Facility Scheduling Staff, time will not be permitted to be cancelled and the client will be responsible for full payment. *****

ORGANIZATION / LEAGUE NAME				EVENT NAME			
CONTACT NAME				EMAIL			
ADDRESS			CITY		PROVINCE		POSTAL CODE
PHONE (HOME)		PHONE (WORK)		CELL		FAX	
ALTERNATE - CONTACT NAME				EMAIL			
ADDRESS			CITY		PROVINCE		POSTAL CODE
PHONE (HOME)		PHONE (WORK)		CELL		FAX	
TYPE OF LEAGUE				TYPE OF SPORT BEING PLAYED			
<input type="checkbox"/> ADULT <input type="checkbox"/> MINOR <input type="checkbox"/> CO-ED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE							
DID YOUR LEAGUE BOOK THIS OR ANY OTHER MUNICIPAL FACILITY LAST YEAR?				IF YES, WHICH FACILITIES AND FOR WHAT PURPOSE?			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
FACILITY REQUESTED							
All Weather - Mainland Common (Halifax)							
All Weather - Harbour East (Dartmouth)							
All Weather - Bedford/Hammonds Plains							
All Weather - Cole Harbour							
Field Set-Up Required (i.e. Full Field or Cross Field (include number of fields). Include DIAGRAM to clarify if necessary. If unsure, please consult with scheduling staff for recommendations. **Client is responsible to ensure the municipality is fully aware of all set up requirements.**							
FIELD #		DAY			TIME		
START DATE		END DATE		**For league use...A game/usage schedule must be submitted before a contract will be issued.**			
DO YOU REQUIRE PARKS SERVICES PRIOR TO, OR DURING, YOUR EVENT?				IF YES, PLEASE LIST			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
(PLEASE NOTE: THERE MAY BE ADDITIONAL COSTS CHARGED TO THE CLIENT FOR SERVICES PROVIDED BY HRM STAFF.)							

DO YOU REQUIRE THE USE OR ACCESS OF		DO YOU PLAN TO REQUEST PERMISSION FOR	
SCOREBOARD	<input type="checkbox"/> YES <input type="checkbox"/> NO	A BEER GARDEN	<input type="checkbox"/> YES <input type="checkbox"/> NO
BOOTH	<input type="checkbox"/> YES <input type="checkbox"/> NO	A TENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ELECTRICITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes to any of these items, please see staff to obtain information regarding procedures.	

****PLEASE NOTE...NO MOTORIZED VEHICLES ARE PERMITTED WITHIN THE FENCED AREA OF THE COMPLEX WITHOUT WRITTEN PERMISSION FROM HRM STAFF. VEHICLES ARE ONLY PERMITTED TO PARK NEAR THE GATED ENTRANCES TO UNLOAD AND LOAD EQUIPMENT. ****

Please indicate below any and all additional equipment to be used and how it will be arriving on site:

DO YOU PLAN TO HAVE VENDORS ON SITE ☐ YES ☐ NO

IF YES – WHO ARE THE VENDORS AND WHAT PRODUCT(S) WILL THEY BE SELLING

(It is the responsibility of the event organizer to ensure vendors have all applicable licenses.)

WHAT IS THE ANTICIPATED # OF SPECTATORS FOR YOUR BOOKING

WILL SPECTATORS BE CHARGED ☐ YES ☐ NO **IF YES, FEE AMOUNT \$** _____

SITE MEETING REQUIRED ☐ YES _____ **date/time** ☐ NO

HRM reserves the right to require SECURITY and/or OFF DUTY POLICE OFFICER(S) on site for any and/or all events at the expense of the league/event organizer. Please discuss requirements with the HRM Facility Scheduling staff.

THE MUNICIPAL ALL WEATHER SPORT FACILITIES ARE NON SMOKING FACILITIES.

I ACKNOWLEDGE THAT THIS IS APPLICATION IS ONLY A REQUEST AND THAT NO RENTAL IS CONFIRMED UNTIL **ALL APPLICABLE FEES ARE PAID IN ADVANCE OF USE AND A CONTRACT IS SIGNED.** (Under certain circumstances, a payment plan may be available.) *A \$15.00 non- refundable application fee must accompany this application form in order to be considered.* I ALSO ACKNOWLEDGE THAT I HAVE RECEIVED, REVIEWED AND AGREE TO ADHERE TO ALL ITEMS OUTLINED IN THE **"CODE OF CONDUCT"** THAT HAS ALSO BEEN PROVIDED.

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this form will only be used by municipal staff and, if necessary, individuals under service contract with the Halifax Regional Municipality for purposes relating to the use of the Municipality's All Weather Sports Facilities, unless otherwise noted on the form. If you have any questions about the collection and use of this personal information, please contact the Access and Privacy Office at 902-490-7460 or accessandprivacy@halifax.ca

Signature _____

Date _____

Office Use Only:

Staff Receiving: _____ Date: _____